

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**63-013142**  
**2476** STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. \_\_\_\_\_

|   |  |   |                                       |
|---|--|---|---------------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY <b>FILE - MAR 20 1963</b><br>b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR <b>St. Louis</b><br>c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>St. Louis City Hospital</b>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY _____<br>c. CITY OR TOWN <b>St. Louis</b><br>d. STREET ADDRESS (If outside, give location)<br><b>1112 No. 8th St.</b> |                                       |
| 3. NAME OF DECEASED<br>(Type or print) First <b>Mary</b> Middle _____ Last <b>Corcoran</b>  |  | 4. DATE OF DEATH<br>Month <b>March</b> Day <b>2</b> Year <b>1963</b>  |                                       |
| 5. SEX<br><b>Female</b>   | 6. COLOR OR RACE<br><b>White</b>   | 7. Married: <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>  | 8. DATE OF BIRTH<br><b>11/12/1891</b> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Housewife</b>   |  | 10b. KIND OF BUSINESS OR INDUSTRY   | 9. AGE (last birthday)<br><b>71</b>   |
| 11. BIRTHPLACE (City and state or country)<br><b>Houston, Texas</b>   |  | 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.</b>  |                                       |
| 13a. FATHER'S NAME<br><b>Henry W. Breitling</b>   |  | 13b. MOTHER'S MAIDEN NAME<br><b>Mary Mead</b>   |                                       |
| 14. NAME OF HUSBAND OR WIFE<br><b>Charles</b>   |  | 15. WAS DECEASED EVER IN U.S. ARMED FORCES<br>(Yes, no, or unknown) (If yes, give war or dates of)<br><b>No</b>   |                                       |
| 16. INFORMANT<br><b>Virginia Corcoran, 1112 No. 8th St.</b>   |  | 17. ADDRESS   |                                       |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Fracture of hip, generalized arterio sclerosis, suffered in fall in home moribund March 3rd 1963.</b><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____<br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). <b>Accident</b><br>PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |  |   |                                       |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   | 20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)<br><b>See above</b>  |                                       |
| 20c. TIME OF INJURY<br>Hour _____ a.m. _____ p.m.<br>Month, Day, Year<br><b>3-3-63</b>  | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>    |   |                                       |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)<br><b>25 Home</b>  |  | 20f. CITY, TOWN, OR LOCATION<br><b>St. Louis Mo</b>   |                                       |
| 21. I attended the deceased from _____ to _____ and last saw her/him alive on _____.<br>Death occurred at <b>10:50 P.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.  |  |   |                                       |
| 22a. SIGNATURE<br>(Degree or title)<br><b>Walter L. Taylor, Coroner</b>   |  | 22b. ADDRESS<br><b>1300 Clark Ave.</b>  |                                       |
| 22c. DATE SIGNED<br><b>3-4-63</b>   |  | 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  |                                       |
| 23b. DATE<br><b>3-5-63</b>  |  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Calvary Cemetery</b>   |                                       |
| 23d. LOCATION (City, town, or county)<br><b>St. Louis, Mo.</b>  |  | 24. FUNERAL DIRECTOR<br><b>Albert H. Hoppe, Inc., 4700 Washington Blvd.</b>   |                                       |
| 25. DATE RECD. BY LOCAL REG.<br><b>MAR 4 1963</b>   |  | 26. REGISTRAR'S SIGNATURE<br><b>Paul Smith, M.D.</b>  |                                       |

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK  
OR  
TYPEWRITER RIBBON

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Rev. 4/59

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STATEMENT BY LICENSED

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

Student \_\_\_\_\_

Signed J. W. Wilkinson

P. O. Address At Louis Mo

If this body is not embalmed, fact should be so stated above.